

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Tarara et al.

Group No: 1618

Application No: 10/750,934

Examiner: Schlientz, Leah H

Confirmation No: 1899

Attorney Docket No: 53279-US-CNT  
(0101.00)

Filed: December 31, 2003

April 15, 2009

Title: PHARMACEUTICAL FORMULATION WITH AN INSOLUBLE ACTIVE AGENT

San Francisco, California 94107

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## Extension of Time

 Applicant petitions for an extension of time under 37 C.F.R. 1.136

Via EFS

Extension (Months)	Extension Fee	
	Large Entity	Small Entity
<input type="checkbox"/> One Month	\$130.00	\$65.00
<input type="checkbox"/> Two Months	\$490.00	\$245.00
<input type="checkbox"/> Three Months	\$1,110.00	\$555.00
<b>Total \$ 0.00</b>		

Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.

## Fees for Extra Claims

	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	29	102	0	\$52.00	\$26.00	\$0.00
Independent Claims	3	7	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
						<b>Total</b> <b>\$0.00</b>

## Fee Payment

Extension Fees	\$0.00
Fee for Supplemental Appeal	\$0.00
<b>Total</b>	<b>\$0.00</b>

Attached is check no. \_\_\_\_\_ in the sum of **\$ 0.00**.  
 Please charge Deposit Account No. **10-0258** in the sum of **\$ 0.00**.

CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or transmitted via electronic submission on the date shown below:

By:   
Melanie Hitchcock

Date: April 15, 2009

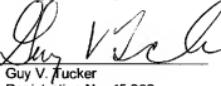
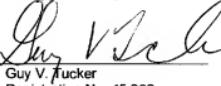
## Fee Deficiency

If any additional extension and/or fee is required, please charge Deposit Account No. **10-0258**, and/or  
 If any additional fee for claims is required, please charge Deposit Account No. **10-0258**.

Please direct telephone calls to: Guy V. Tucker at (415) 538-1555  
 Please continue to send correspondence to:

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Respectfully Submitted,

  
By:   
Guy V. Tucker  
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Date: April 15, 2009